

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS407AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2009
NAME OF PROVIDER OR SUPPLIER THE ELDERLY ARISTOCRAT		STREET ADDRESS, CITY, STATE, ZIP CODE 2380 MOHIGAN WAY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 04/02/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed as a 6 bed Residential Group Facility for elderly and disabled persons, Category I residents. The census at the time of the survey was 3 residents. Three resident files were reviewed and 4 employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>	Y 000	<p><i>Acceptable POC</i> <i>4/2/09</i> <i>[Signature]</i></p> <p><i>See response on next page</i></p>	
Y 882 SS=D	<p>449.2742(6)(c) Medication / change order</p> <p>NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or</p>	Y 882	<p>RECEIVED APR 23 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Adm

4-23-09

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Y 882	<p>Continued From Page 1</p> <p>prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This RULE: is not met as evidenced by: Based on record review on 04/02/09, the facility failed to ensure medication labels matched physician orders for Seroquel and Alprazolam for 1 of 3 residents (Residents #3).</p> <p>Severity: 2 Scope: 2</p>			Y 882	<p>Tag # Y882</p> <p>Regarding Resident 3, the physician verbally ordered a change in medication dosage that was inconsistent to the med label. New physician orders have been written and new med labels have been obtained. (Adm.) was responsible for this action. To ensure it won't happen again, whenever a physician verbally orders a change in medications I will fax them a form called "Confirmation of Verbal Orders" (see attached form) It was completed by April 14th, 2009</p> <p>See Exhibit "A" Attached</p>		

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APR 23 2009

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LAS VEGAS, NEVADA

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